| b | | OCT 2 4 1960 Registration District No. | 141 Prin | mary Registration | District No. 302 | Registrar's No. | 144 | STATE FILE N | UMBER | | |
|----------|-----------------------|--|--|--|---|---|---|---|---|--|--|
| | -[- | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before | | | | | | | |
| | 1_ | | owell | | | a. STATE M181 | Bour16. COUNTY | Howell | admission) | | |
| | 1 | OR T | orporate limits, give TOWN | HIP only) Length of stay in 1b | | c. CITY OR | | - | Inside Limits | | |
| | I | | est Plains | | 6 years | | st Plains | | Yes 🗆 No 🗔 | | |
| ı | | c. FULL NAME OF (IF HOSPITAL OR | NOT in hospital, give loca | ition) | Inside Limits | d. STREET ADDRESS | (If outside, | give location) | Reside on Farm | | |
| | | INSTITUTION | | | Yes 🗓 No 🗆 | | 22 Locust | | Yes No | | |
| 7 | - | 3. NAME OF DECEASED | First | | Aiddle | Last | 4. DATE Me | onth Day | Year | | |
| | | (Type or print) | Julia | A | nna | Prewett | OF DEATH Sept | ember 2 | 5. 1960 | | |
| | _ | 5. SEX | 6. COLOR OR RACE | 7. Married | Never Married | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEA | R IF UNDER 24 HR | | |
| | . F | remale | White | Widowed | Divorced [| 8-18-187 | 6 84 | Months Days | Hours Min. | | |
| | 7 | 0a. USUAL OCCUPATION | (Give kind of work done | 10b. KIND OF | SUSINESS OR INDUSTR | | ity and state or country) | 12. CITIZEN OF | WHAT COUNTRY | | |
| | 1 | Housewite. | ng life, even if retired) | 1 | | Uniona. | Arkangas | U.S. | ٨ | | |
| | 1: | 3a. FATHER'S NAME | | 13b. MC | OTHER'S MAIDEN NAM | iE | 14. NAME OF | HUSBAND OR WIFE | | | |
| | | Johnny C | ochren | M- | inarva Wal | a b | Perrv | Prewett | | | |
| | 1 | WAS DECEASED EVER | R IN U.S. ARMED FORCES? | 16. SC | CIAL SECURITY NO. | 17. INFORMANT | - 00 2 0 | Address | | | |
| - | 0 | Yes, nNO unknown) (If | yes, give war or dates of | service) | None | Myrtle Co | mstock, Ur | iton Ani | cansas | | |
| = | _ | 18. CAUSE OF DEATH | (Enter only one cause per | | | 2 | MOUCH, U. | 11 | TERVAL BETWEEN | | |
| | | PART I. | PART I. DEATH WAS CAUSED BY: | | | | | | | | |
| 5 | | | | . / | . 7 | and the | 0 | | 4 4. | | |
| 10.5 | | i | IMMEDIATE CAUSE (a | 1 Conge | etic k | eart fai | lure | | events | | |
| S | | | | 1 4 | thin K | eart fai | lure | | mans | | |
| DOCUMENT | | which g | ons, if any, DUE TO (b) | 1 4 | etic K | eart fai | lure art dises | ise & | years | | |
| | | which g above stating | ons, if any, DUE TO (b) pave rise to couse (a), the under- | arte | etie K vocale l. t | eart fai | lure aut dises | فعر ع | years | | |
| | | which g above stating lying o | ons, if eny, pave rise to cause (a), the under-cause last. DUE TO (cause last. | Sen | etie k weele | eart fai | dure aut dises | فعد خ | years | | |
| _ _ | NOI | which g above stating lying o | ons, if any, DUE TO (b) pave rise to couse (a), the under- | b) Arte Seu CONDITIONS COP | this k | notice has | the terminal PART | III. If deceased | years | | |
| - DOC | CATION | which g above stating lying o | ons, if eny, pave rise to cause (a), the under-tause last. DUE TO (i | b) Arte Seu CONDITIONS COP | this K rivecle Lt NTRIBUTING TO DEAT | notice has | the terminal PART | III. If deceased | yars yars was female wa ancy in last 90 days | | |
| - DOC | TIFICATION | which g above stating lying c | ons, if eny, pave rise to cause (a), the under-tause last. DUE TO (i | on Sen ONDITIONS CON | | | | III. If deceased there a pregni | was female was nocy in last 90 days | | |
| - DOC | CERTIFICATION | which gabove stating lying of PART II | ons, if eny, pave rise to cause (a), the under-cause last. DUE TO (consecution of the under-cause last. | b) Arte Sen ONDITIONS COF | | | the terminal PARI (Enter nature of Injury i | III. If deceased there a pregni | was female was nocy in last 90 days | | |
| | | which gabove stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES NO | ons, if eny, lave rise to cause (a), the undertause last. DUE TO (consecution of the undertause last.) | c) Service Corin PART I (a) | | | | III. If deceased there a pregni | was female was nocy in last 90 days | | |
| DOC | | PART II 19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF Hour INJURY a.m. | ons, if eny, pave rise to cause (a), the under-tause last. DUE TO (b. OTHER SIGNIFICANT C disease condition given in the under-tause last. DUE TO (c. OTHER SIGNIFICANT C disease condition given in the under-tause last. D | c) Service Corin PART I (a) | | | | III. If deceased there a pregni | was female was nocy in last 90 days | | |
| DOC | MEDICAL CERTIFICATION | 19. WAS AUTOPSY PERFORMED? YES NO DECEMBED? NO DECEMBED NO DECEMBED. | ons, if eny, pave rise to cause (a), the under-tause last. DUE TO (b. OTHER SIGNIFICANT C disease condition given in the under-tause last. DUE TO (c. OTHER SIGNIFICANT C disease condition given in the under-tause last. D | b) Arte Ser CONDITIONS COP IN PART I (a) DE HOMICIDE | 20b. DESCRIBE HO | W INJURY OCCURRED. | (Enter nature of injury i | III. If deceased there a pregna | was female was ancy in last 90 days No Unknown I of item 18.) | | |
| DOC | | 19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK | DUE TO (E to cause (a), the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (E disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. DUE TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause last. Due TO (C disease condition given in the under-tause | b) Arte Ser CONDITIONS COP IN PART I (a) DE HOMICIDE | 20b. DESCRIBE HO | | (Enter nature of injury i | III. If deceased there a pregni | was female was nocy in last 90 days | | |
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Student Embalmer No.

working under my personal supervision.

Licensed Embalmer No

Student_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con

-with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.